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Don't believe everything that you read—an editor's view

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The problem in medicine today is not that we lack information; rather, there is widespread information overload. Physicians are inundated with new and often poorly evidence-based and conflicting clinical information from journals, television, social media, marketing, and direct to consumer advertising. Clinical decisions are too often based on fads, publicity and what's new which leads to premature introduction of unproven therapies into practice, later found to be harmful.

Peer review journals have a responsibility to publish scientifically valid and clinically relevant studies. At the green journal, we strive to publish only well designed studies with results that can be trusted. High priorities are: clinically important, evidence based, scientifically valid, interesting and educational, and unique content not already in the literature. Before any paper is published, it is reviewed by two experts on the topic, an editorial board member, a statistician and the editors. Issues such as plagiarism, fraud and conflict of interest are also checked. The revised paper must address all reviewer comments, and it is evaluated

and discussed by the editors before it is accepted for publication.

The principles of evidence-based medicine are: 1) First do no harm. 2) What are the results? 3) Are the results valid? 4) How do I apply them to my patients? There is no perfect study, but randomized controlled trials are usually the most reliable and least biased. They are designed for efficacy but are not as good for evaluating safety, detecting side effects or complications, and the results may not always be appropriate for your individual patient. Well done observational studies are still useful, and there are many examples of landmark case series and case reports from astute observations. Database studies, large epidemiologic studies, decision analyses and other modeling studies, industry sponsored research, postgraduate courses, and advertising claims are worthy of healthy skepticism.

We all have an obligation to stay current for the benefit of our patients. The challenge for busy physicians is to translate impersonal and dogmatic literature into personalized care of real flesh and blood people. It is not possible or necessary to read all of the

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literature. A productive and efficient way to keep up is to establish a regular dedicated time for reading that is budgeted into your schedule. The focus should on reputable journals in your field, ABOG recertification articles, the Cochrane Database, ACOG Practice

Bulletin Guidelines, and Up-To-Date. Clinical judgment and common sense gained through experience over the years will also always be important in the practice of medicine.